



Heroin Epidemic Update: Public Health Recommendations

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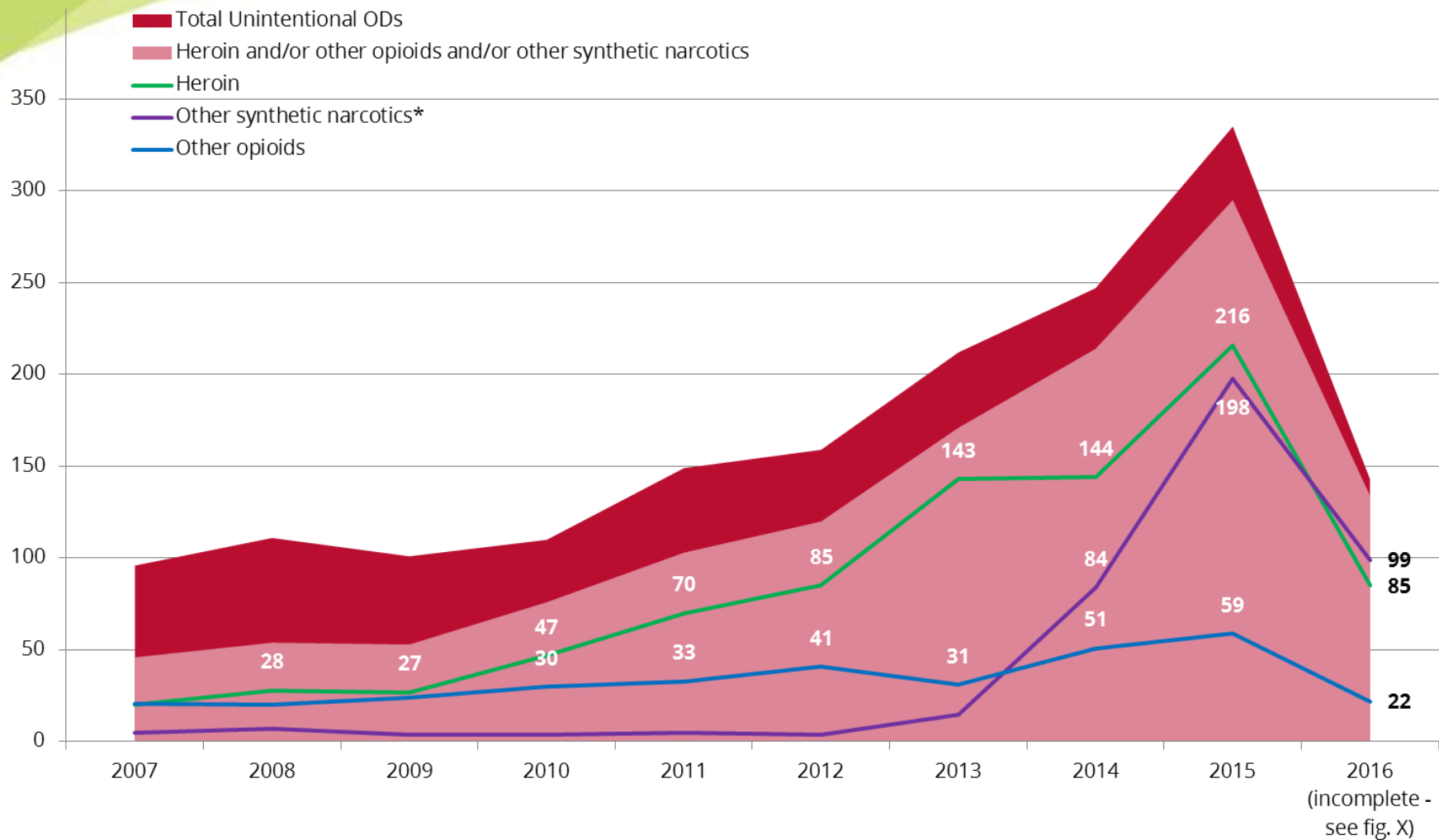
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Background

- Growing concern over opiate addiction and potential for overdose in Cincinnati.
- This type of addiction differs from trends in the past (e.g., crack, meth)
 - Likelihood for intravenous (IV) use
 - Risk of overdose due to synthetics
 - Risk of death due to overdose
- Calls for public health response

HCPH Data (source: Kevin Strobino, MPH)

Figure 10. Death due to Unintentional Overdose, by select drugs; Hamilton County, 2007-16



HCV Infection in Cincinnati

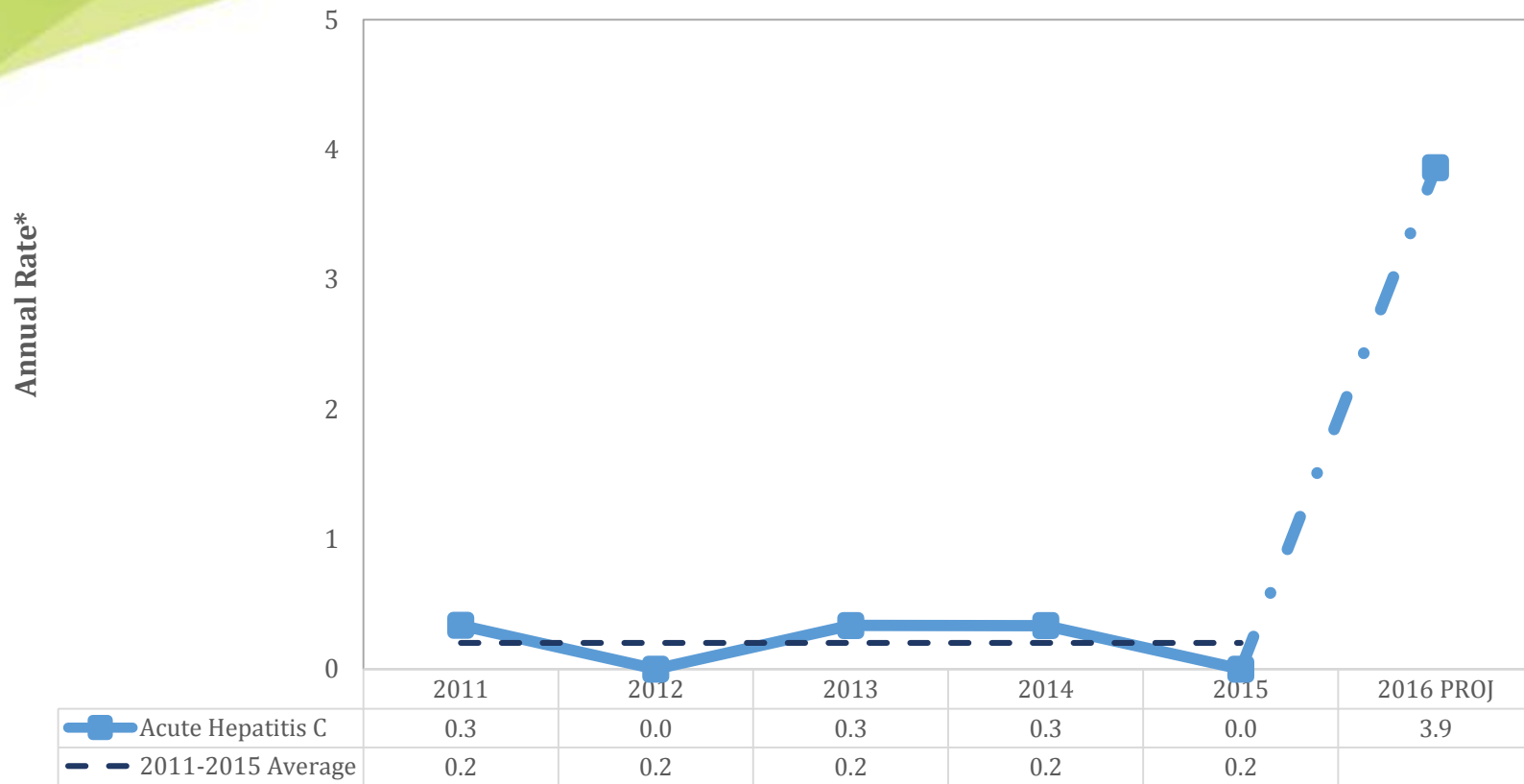
Table 1: Hepatitis C Infection among City of Cincinnati Residents, 2016 Projections Compared to 2011-2015 Averages

Time Period	Type	Number	Rate*
AVERAGE 2011-2015	Acute	1	0.2
	Chronic	413	139.0
Projected 2016	Acute	10	3.9
	Chronic	1027	412.9

**The rate is the number of newly reported cases per year per 100,000 residents of the City of Cincinnati (crude incidence rate).*

Data Sources: *The number of cases comes from the Ohio Disease Reporting System; the population of the City of Cincinnati comes from the US Census Bureau, single year population estimates (except for 2016, which is not yet available so 2015 was used).*

Figure 1: Annual Incidence Rate* of Acute Hepatitis C Cases among Cincinnati Residents, 2011-2016



*Annual rate of newly reported chronic Hepatitis C cases among City of Cincinnati residents per 100,000 residents (crude incidence rate)

Public Health Recommendations

Responding to the Heroin Epidemic



PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse.

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT).

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



REVERSE Heroin Overdose

Expand the use of naloxone.

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

SOURCE: CDC Vital signs, July 2015

Harm Reduction Principles

- Policies and programs targeting negative consequences related to drug use.
- Individual, community, societal – health, social, economic (Newcombe, 1992)
- Principle that the threat to community (e.g., HIV, HCV) greater than the threat of drug use itself.

Priorities - Reducing Potential Spread of Disease

- Hierarchy of Harm Reduction:
 - Reduce risk of transmission of communicable disease, as to prevent an epidemic.
 - Syringe Exchange reduces threat of disease
 - Reduce incidence of injection drug use
 - Reduce use of street drugs
 - Reduce use of prescribed drugs
 - Increase abstinence from drug use

Where we are now:

1. Monthly meetings with Cincinnati Police and Fire
2. Consistent involvement with heroin coalition and subcommittees
3. Investigating evidence based practices
4. Discussion with the Cincinnati Exchange Project (CEP)
5. Supporting behavioral health interventions in primary care

Cincinnati Police and Fire

- Regular monthly meetings
 - Fatigue
 - Resource availability
 - Role/identity confusion – morale and public perception
 - Legal challenges and changes
 - Exposure to infections
 - Quick Response Teams (QRT)
 - Data collaboration and dissemination of findings

Hamilton County Public Health

- Regular monthly meetings
 - Identifying challenges
 - Collaboration on epidemiology
- Healthcare Subcommittee
- Harm Reduction Subcommittee
- Childhood Outreach Subcommittee

Evidence Based Practice (EBP)

- Expansion of Naloxone (Narcan) to additional settings
- EBP is nebulous with this new epidemic –
 - The good: variety of modalities available in Hamilton County (outpatient, MAT, 28 day inpatient, long-term residential, detox)
 - The challenge: the nature of this new addiction trajectory has tasked traditional models
- MAT: buprenorphine, methadone, naltrexone (aka Vivitrol)
 - Variety of responses to each, comfort level of prescribing clinician
- MAT should always include behavioral modification and individual counseling components.

Cincinnati Exchange Project (CEP)

- Successfully exchanges over 15,000 syringes (1:1 ratio) per month
- Referral to treatment (10% linked to treatment) – higher than national average
- Requires sustainability plan –
 - Necessary program to reduce risk for HCV and HIV transmission
 - Necessary to identify pregnant women to reduce NAS potential and further trauma to families
 - Necessary to identify newly infected with HCV and HIV
 - Necessary to link to primary care physician and dental provider

Supporting Behavioral Health in Primary Care

- Cincinnati Health Department Federally Qualified Health Centers (FQHCS)
 - Using HRSA grant dollars to secure social work services from Behavioral Health Partners
 - Greater Cincinnati Behavioral Health (GCBH)
 - Talbert House
 - Children's Home
 - Consistently screening using:
 - Screening. Brief Intervention. Referral to Treatment (SBIRT) Model in primary care.
 - CRAFFT behavioral health screening tool for anyone under age of 21
 - The Patient Health Questionnaire (PHQ-9) depression screening
 - Provider and administrator training on prescribing practices, SBIRT

Questions?